

APN# \_\_\_\_\_

**Recording Requested by/Mail to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Mail Tax Statements to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
contains personal information as required by law: (check applicable)

\_\_\_ Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

\_\_\_ Judgment – NRS 17.150(4)

\_\_\_ Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

\$1.00 Additional Recording Fee for Use of This Page